

**TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING
DEPARTMENT**

501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970



ELECTRICAL PERMIT APPLICATION

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

PERMIT #: _____

Fees Due: \$ _____

Receipt #: _____

REVIEWED UNDER FLORIDA BUILDING CODE SIXTH EDITION AND STATE STATUTES

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: MANATEE SARASOTA LOT (S) #: _____ PARCEL ID #: _____

CONTRACTUAL DESCRIPTION -- Your contract for work is as a:

SUBCONTRACTOR FOR (Building Contractor) _____ Issued permit or application #: _____

INDEPENDENT WORK (unrelated to other permit). **If non-conforming, FEMA Improvements/Repair Application Packet is required**

Amount of contract: \$ _____ If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

WORK DESCRIPTION: _____

ELECTRICAL PERMIT APPLICANT **PROPERTY OWNER IS APPLICANT (if yes, skip below to property owner information)**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: _____ MANATEE CO: _____ SARASOTA CO: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ OTHER: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER (required)

NAME AS ON PROPERTY RECORD: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ OTHER: _____

CITY: _____ STATE: _____ ZIP: _____

FEES FOR ELECTRICAL PERMIT:

NEW RESIDENTIAL LIVING AND COMMERCIAL WORK AREA (per sq. ft.)	_____ sq. ft. x \$0.07 = \$ _____
ALTERATIONS, ADDITIONS, REPAIRS	\$80.00 = \$ _____
NEW AMP SERVICE	\$80.00 = \$ _____
COMMERCIAL SITE LIGHTING	\$80.00 = \$ _____
CONSTRUCTION/SALES TRAILER	\$70.00 = \$ _____
TEMPORARY SERVICE	\$100.00 = \$ _____
OTHER ELECTRICAL PERMITTED WORK	\$80.00 = \$ _____
SUBTOTAL	\$ _____ +
STATE OF FLORIDA SURCHARGE 2.5% of subtotal or \$4, whichever is greater. Effective 7/01/17, per F.S. 468.631 and 553.721.	\$ _____
TOTAL PERMIT FEE DUE	= \$ _____

WARNING TO OWNER: Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public, State of Florida SEAL: